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PAUL D. TONKO

U.S. HOUSE OF REPRESENTATIVES
20TH DISTRICT, NEW YORK

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SUBCOMMITTEE ON ENVIRONMENT
SUBCOMMITTEE ON RESEARCH AND TECHNOLOGY

May 15, 2020

430

The Honorable Ajit Pai
Chairman
Federal Communications Commission
445 12th Street SW Washington, DC 20554

Dear Chairman Pai,

I write on behalf of Ellis Medicine, located in Schenectady, New York, which is in the heart of New York's 20th Congressional District. Ellis Medicine recently submitted an application for funding through the FCC COVID-19 Telehealth Program. I respectfully request your consideration of their attached application.

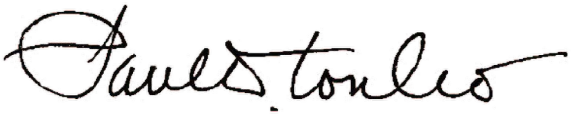
New York State continues to be the most severely impacted state in the country by the COVID-19 pandemic. As of May 13th, there have been 587 positive cases within Schenectady County alone. Because of this, health care providers, like Ellis Medicine, have been exploring creative ways to provide quality care to their patients while protecting public health.

As detailed in the application, these funds are critical to the implementation of Ellis Medicine's telehealth system in primary care offices, which would include access to telemedicine services for nearly all of Ellis's Medicine's primary care providers. In addition, medical professionals at Ellis Medicine would be able to provide at-home treatment and monitoring services to COVID-19 patients, as well as afford a safe option for continued care for non-COVID patients, particularly those suffering from chronic conditions who are at an increased risk for contracting the virus.

Finally, these funds would be used to integrate Ellis Medicine's telehealth system (MEND) into the electronic health records platform, increasing efficiency with access to and input of personal patient information. This funding would allow telehealth options for patients with behavioral health concerns and provide an anonymous way to seek and receive care. It would also be particularly helpful in expanding remote care options in situations where patients may have barriers to in-person care, such as being homebound, residing in senior living facilities or having a lack of adequate transportation.

Your consideration of Ellis Medicine's application, consistent with all federal laws, rules, regulations and agency policies, is appreciated. Thank you.

Sincerely,



Paul D. Tonko
Member of Congress

COVID-19 Telehealth Application

Federal Communications Commission

Applicants should submit their completed application form and all supporting documentation to TelehealthApplicationSupport@fcc.gov

Applicant Information [all fields mandatory unless otherwise marked]

Applicant Name	Applicant FCC Registration Number (FRN)	Applicant National Provider Identifier (Optional)
Ellis Hospital d/b/a Ellis Medicine	0029435245	1487644993

Federal Employer Identification Number (EIN or Tax ID Number)	Data Universal Numbering System (DUNS) Number
14-1338428	8267704060000

DATA Act Business Types (choose Three)

- [ ] A - State Government
- [ ] B - County Government
- [ ] C - City or Township Government
- [ ] D - Special District Government
- [ ] E - Regional Organization
- [ ] F - U.S. Territory or Possession
- [ ] G - Independent School District
- [ ] H - Public/State Controlled Institution of Higher Education
- [ ] I - Indian/Native American Tribal Government (Federally-Recognized)
- [ ] J - Indian/Native American Tribal Government (Other than Federally-Recognized)
- [ ] K - Indian/Native American Tribal Designated Organization
- [ ] L - Public/Indian Housing Authority
- [x] M - Nonprofit with 501C3 IRS Status (Other than an Institution of Higher Education)
- [ ] N - Nonprofit without 501C3 IRS Status (Other than an Institution of Higher Education)
- [ ] O - Private Institution of Higher Education
- [ ] P - Individual
- [ ] Q - For-Profit Organization (Other than Small Business)
- [ ] R - Small Business
- [ ] S - Hispanic-serving Institution
- [ ] T - Historically Black College or University (HBCU)
- [ ] U - Tribally Controlled College or University (TCCU)
- [ ] V - Alaska Native and Native Hawaiian Serving Institutions
- [ ] W - Non-domestic (non-U.S.) Entity
- [ ] X - Other

Service Area

New York

Contact Information [all fields mandatory]

First Name

Julie

Last Name

Adamec

Position Title, Company Name

Senior Business Director, Ellis Hospital

Mailing Address

Street

1101 Nott Street (MC 1950)

City

Schenectady

State

New York

Zip

12308-2489

Phone Number

(518)612-8450

E-mail Address

adamecj@ellismedicine.org

Health Care Provider(s) (HCP) Information [lead fields mandatory unless otherwise noted]

Lead HCP

Ellis Hospital d/b/a Ellis Medicine

Facility Name

Ellis Hospital

Is the Facility a Hospital?

◯ Yes

◯ No

Street

1101 Nott Street

City

Schenectady

State

New York

Zip

12308-2489

County in which address is located

Schenectady

FCC Registration Number (FRN)

0029435245

HCP Number (Optional)

75144

Eligibility Type

(5) Not-for-profit hospitals

NPI (Optional)

1487644993

Total Patient Population

57,775

Estimated Number of Patients to be Served by Funding Request

25,998

Additional Information on Patient Estimate (Optional)

All Ellis Medicine primary care patients, along with patients who are referred to specialists and mental health providers will be able to access telehealth services for COVID-19 information, referral and treatment. Approximately 41% of the Ellis Medicine Primary Care Medicaid patients and 65%

Health Care Provider(s) (HCP) Information [HCP Two- Optional fields]

Secondary HCP

Facility Name

Is the Facility a Hospital?

- ◯ Yes
- ◯ No

Street

City

State

Zip

County in which address is located

FCC Registration Number (FRN)

HCP Number (Optional)

Eligibility Type

NPI (Optional)

Total Patient Population

Estimated Number of Patients to be Served by Funding Request

Additional Information on Patient Estimate (Optional)

Medical Services To Be Provided with COVID-19 Telehealth Funding (check all that apply)

- [x] Patient-Based Internet-Connected Remote Monitoring
- [x] Other Monitoring
- [x] Video Consults
- [x] Voice Consults
- [ ] Imaging Diagnostics
- [ ] Other Diagnostics
- [x] Remote Treatment
- [ ] Other services

Additional Information on Medical Services to be Provided:

Focus of connected care service will be on COVID-19 information and referral for at-risk Medicaid and Medicare population, and treatment for patients testing positive for COVID-19 with a remote care plan. Other services provided are non-emergency mental health services, and monitoring and

Conditions To Be Treated with COVID-19 Telehealth Funding (answer all that apply)

Would you treat COVID-19 patients directly?

- ◯ Yes
- ◯ No

Would you treat patients without COVID-19 symptoms or conditions?

- ◯ Yes
- ◯ No

If you answered "Yes" to the above question, please check at least one box below

- ☐ Other infectious diseases
- ☐ Emergency / Urgent Care
- ☑ Routine, Non-Urgent Care
- ☑ Mental Health Services (non-emergency)
- ☐ Other conditions

Additional Information on Specific Conditions to be Treated:[Required if other conditions is selected]

Patients with chronic conditions of diabetes, hypertension, COPD, asthma, cancer, and mental health diagnosis need to monitored and treated remotely to prevent the risk of COVID-19 transmission.

If yes, please explain how using COVID-19 Telehealth Program funding to treat patients without COVID-19 symptoms or conditions would free up resources that will be used to treat COVID-19. (Required if yes)

Patients with uncontrolled chronic conditions or mental health needs will be monitored and treated

Additional Information Concerning Requested Services and Devices

What are your goals and objectives for use of the COVID-19 Telehealth Program Funding?

Goal: Increase access to telehealth services to 45% of Ellis Medicine primary care patients.
Objective 1: Provide COVID-19 information, symptom monitoring and testing referral to primary care patients.
Objective 2: Treat and monitor COVID-19 patients with a remote care treatment plan

What is your timeline for deployment of the proposed service(s) or devices funded by the COVID-19 Telehealth Program?

Ellis Medicine Primary Care Physicians and practice professionals are trained in delivering telehealth services via the MEND telehealth platform, but lack the equipment and resources to deploy throughout the practice. With purchase of equipment/licenses to support 130 providers, access to telehealth services will be expanded to 45% of the primary care, specialty, and mental

What factors/metrics will you use to help measure the impact of the services and devices funded by the COVID-19 Telehealth Program?

The factors/metrics measured will be a reduction in primary care and Emergency Department visits by patients with chronic conditions and a reduction of exposure events to the patient and provider community by COVID-19 suspected patients.

How has COVID-19 affected health care in your geographic area (e.g, county)?

As of April 12, Schenectady County has over 200 confirmed cases, with 8 deaths. Ellis Medicine has diverted physicians and staff from primary care setting throughout the county to address the influx of cases. Ellis is also treating COVID-19 patients who were transferred from New York City

Please provide additional information about the geographic area and population you serve. Does it have large underserved or low-income patient population? Have there been recent health care provider closures or other health care deficiencies? If so, please describe such factors (Optional)

Ellis Hospital and most of its primary care practices are located in the City of Schenectady. As of 2019, the entire City is a federally-designated Health Professions Shortage Area (HPSA) for primary care, mental health, and dental health. The Hamilton Hill neighborhood of the City has the highest poverty rate and largest percent of non-white population of the entire six-county Capital

Do you plan to target the funding to high-risk and vulnerable patients?

- ◯ Yes
- ◯ No

If so, please describe how.

Forty-five percent of Ellis Medicine's primary care patients have one or more chronic conditions - including COPD, asthma, diabetes, hypertension or cancer that place them at risk for contracting COVID-19, and having a poor outcome. Telehealth services will be targeted to supporting patients

Please provide any additional information to support your application and request for funding (Optional)

Supporting documentation for requested funding include per unit costs for each device as well as cost for integrating telehealth services to HIT platform and information services (MEND telehealth licenses) to remotely monitor and treat patients.

Requested Funding Items

Total Amount of Funding Requested

$346,880.90

Are you requesting funding for devices?

- ◯ Yes
- ◯ No

How are the devices integral to patient care?

Yes, all devices will be used to monitor and treat patients via voice or video link. Without telehealth services, patients with chronic conditions risk COVID-19 transmission.

Are the devices for patient use?

- ◯ Yes
- ◯ No

Are the devices for the health care provider’s use?

- ◯ Yes
- ◯ No

Category (Optional)

Devices

Description of Service(s) and/or Device(s)(Optional)

Requested funds are for devices to support 140 provider stations (speakers, webcams, laptops)

Quantity (for Devices)(Optional)

Total One-Time Expense(Optional)

Date [Purchased or] To Be Purchased(Optional)

Total Monthly Expense(Optional)

Number of Months for Recurring Monthly Expenses(Optional)

Supporting Cost and Estimated Patient Documentation

An applicant should provide supporting documentation for the costs indicated in its application. Such supporting documentation should summarize the expected costs of the eligible services and devices requested and may include documentation such as an invoice or quote from a vendor or service provider (or similar information). Such information should be specific enough to identify line-items to facilitate swift review of the application, and we encourage applicants to include information such as a description of the service or device, its eligibility category, the quantity ordered, the upfront and monthly expenses, and the service dates for recurring services. Additionally, applicants may provide supporting document for the estimated number of patients to be served by the funding request.

Request for confidential treatment of supporting documentation?

◯ Yes ◯ No

Applicant requests Confidential treatment for supporting documents and information. By designating supporting documents and information as “Confidential,” the applicant is deemed to have submitted a request that the material be withheld from public inspection pursuant to 47 CFR § 0.459. Applicants designating supporting documents as “Confidential” should not submit those documents in the Commission’s Electronic Comment Filing System (ECFS). Email Confidential materials to TelehealthApplicationSupport@fcc.gov

Certifications

[Applicant must check all boxes and sign]

- ☑ I certify under penalty of perjury that I am authorized to submit this application on behalf of the health care provider(s) listed in the application.
- ☑ I certify under penalty of perjury that to the best of my knowledge, information, and belief, all information contained in this application, and in any attachments, is true and correct.
- ☑ I understand that, if selected, the health care provider(s) in the application must comply with all applicable program requirements and procedures, and all applicable federal and state laws, including the False Claims Act, the Anti-Kickback Statute, and the Civil Monetary Penalties Law, as waived or modified in connection with the COVID-19 pandemic, and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.
- ☑ I understand that, if selected, the health care providers in the application must comply with the Health Insurance Portability and Accountability Act (HIPAA) and other applicable privacy and reimbursement laws and regulations, and applicable medical licensing laws, as waived or modified in connection with the COVID-19 pandemic.
- ☑ I understand that all documentation associated with this application must be retained for a period of at least three years after the last date of delivery of the supported-services provided through the COVID-19 Telehealth Program to demonstrate compliance with COVID-19 Telehealth Program rules and requirements, subject to audit.
- ☑ I certify under penalty of perjury that the health care provider(s) listed in the application, to the best of my knowledge, is not already receiving or expecting to receive other funding (from any source, private, state, or federal) for the exact same services or devices eligible for support under the COVID-19 Telehealth Program.
- ☑ I understand that all requested goods and services funded under the COVID-19 Telehealth Program must be used for their intended purposes.

Contact Name	Date
Julie Adamec	04/14/2020

If you have an issue with this form and/or need assistance please contact: TelehealthApplicationSupport@fcc.gov.